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ABSTRACT

A survey of 83 advocates for the retarded in three Florida programs was conducted to obtain descriptive information regarding people who volunteer to become advocates, to determine advocates' reasons for volunteering, and to examine advocates' perceptions of the effects of the advocacy program on the proteges and on themselves. Among findings were that advocates volunteered because they wanted to help a handicapped person or because they wanted to fulfil some void in their own lives; that advocates did not report many negative community attitudes toward their protege, nor did they perceive that the proteges felt stigmatized by their condition of mental retardation; and that during their interactions with proteges, advocates discussed mostly general social concerns and tended to avoid discussions involving intimate matters, such as sex and family problems. (SBH)

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ADVOCACY THROUGH THE EYES OF CITIZENS

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Services to many handicapped individuals are currently undergoing a metamorphosis in which emphasis is shifting from providing services in segregated environments to helping individuals assume a productive place in the environmental mainstream. We see increasingly the impact of the normalization principle at work. Section 504 of the Rehabilitation Act of 1973 is resulting in the removal of physical barriers restricting the handicapped person's access to buildings and activities while the enactment of The Education for All Handicapped Act of 1975 (Public Law 94-142) is resulting in increasing numbers of handicapped children being educated with nonhandicapped peers to the greatest appropriate degree. The deinstitutionalization process has been in existence for several years so that the phenomenon of individuals with even moderate or severe handicaps living in the community is as typical than not. The movement of developmentally disabled persons into the community has brought with it attendant problems of ensuring that they are able to function effectively in the face of new complexities and demands. Many of the handicapped persons involved in the deinstitutionalization process are mentally retarded, who, by definition, have impaired social adaptability. An innovative response to the problem of impaired social adaptability has been offered by Wolfensberger (1973) in his conception of citizen advocacy.

Wolfensberger defines a citizen advocate as "a mature, competent citizen volunteer, representing, as if they were his own, the interests of another citizen who is impaired in his instrumental capacity, or who has major expressive needs which are unmet and which are likely to remain unmet without special intervention" (1973, p. 11). By specifying that the citizen advocate be a volunteer, Wolfensberger advances a role distinguished from that of the ombudsman, who is an appointed official (Mallory, 1977). Wolfensberger be-

lieves that to represent someone's interests as one's own, one must be free of conflicts of interest. Thus the role of the advocate cannot effectively be exercised by persons employed by agencies which normally provide services to the impaired person (i.e., protege), as such persons would frequently find themselves in situations in which the service they might want to naturally extend to the protege would be contrary to the interests of the agency for which they are employed.

Wolfensberger views an advocate as fulfilling two needs of handicapped persons: instrumental needs and expressive needs. Instrumental needs are defined by Wolfensberger as those which deal with the practical problems of every day life, while expressive needs involve the exchange of affection. The differentiation of instrumental and expressive needs results in a number of possible advocacy roles.

Specific advocacy roles emerge depending on which of these functions is to be fulfilled. Primarily instrumental roles include conservator, trustee, curator, instrumental guide-advocate, and instrumental guardian. A primarily expressive role is that of advocate-friend. Some roles are combinations of instrumental and expressive functions, such as the instrumental-expressive-guide-advocate, foster parent, instrumental-expressive guardian, tutor, adoptive parent, parental successor, and instrumental-expressive spouse.

Wolfensberger's concept of a citizen advocate interacting with a developmentally disabled protege was first put into practice by the Capitol Association for Retarded Citizens in Lincoln, Nebraska during 1970. At the time of a survey conducted by the National Association for Retarded Citizens (NARC) during 1975, a total of 117 local and 10 state citizen advocacy programs

operated in 30 states (National Association for Retarded Citizens, undated). Approximately 5,000 pairings of advocates and proteges were established. Local Associations for Retarded Citizens units were responsible for approximately 75% of the programs, suggesting that the majority of proteges were mentally retarded individuals. Growth of programs was in large part accounted for by a child advocacy project launched by NARC in 1972 with federal funds.

The present investigation was concerned with the citizen advocacy program developed in Florida. The development of this program was initiated in 1970, with the first demonstration project begun in 1973 (Florida Association for Retarded Citizens, 1976). While the initial emphasis was on instrumental advocacy, the Citizen Advocacy Manual produced by the Florida Association for Retarded Citizens states that the advocate-protege relationship "should be designed to meet the need (or needs), be it expressive or instrumental or a mixture of both..." (Florida Association for Retarded Citizens, 1976, p. 3). In January 1977, the Florida Association for Retarded Citizens contracted with the Florida Retardation Program Office to plan and carry out the state system in accordance with Section 113 of Title II, Public Law (P.L.) 94-103. Florida's program is thus typical of those across the nation in that it is within the jurisdiction of an Association for Retarded Citizens.

Despite the proliferation of citizen advocacy programs during the last few years, there is a lack of information describing the advocates, their motivations, and the roles they assume in interaction with their proteges. Kurtz (1975) noted this lack a few years ago but little published information has appeared during the interim to fill the void. The general purposes of this study were: (1) to obtain descriptive information regarding people who volunteer to become advocates, (2) to determine advocates' reasons for volunteering, and (3) to examine advocates' perceptions of the effects of the

advocacy program on the proteges, and on themselves.

Subjects

Characteristics of Advocates

Subjects in this investigation were 83 advocates (out of a total of 170), 67 female, in three Florida programs, whose age distribution where reported was as follows: 18 were under 21 years (22%), 44 were between 21 and 30 years (54%), 8 were between 31 and 40 years (10%), and the remaining 11 were 41 years and older (14%). The sample of advocates in this study was well educated, for the most part. Thirty-three (40%) of the advocates were college graduates and of this group 12 (36%) held a graduate degree. In addition, another 31 (37%) had attended college. Only three advocates (4%) had not completed high school.

Advocates' occupations ran the gamut from semi-skilled laborers (there were no unskilled laborers in the sample) to professional workers, as determined by the Turner (1964) scale. The largest number of advocates were college students (N = 31). Of those who were employed, professionals were the most frequently represented group. Other occupations well represented in the sample were clerical workers and semi-professionals. A more complete breakdown of advocates' occupations appears in Table 1.

Insert Table 1 about here

Only 25 advocates in the study were married, with the remainder either never having been married (N = 50), or divorced (N = 6). Two persons did not indicate their status. Of the 83 advocates, 66 did not have children, and of those 17 who did, only two reported having retarded children. Three other advocates reported that they had other members of their immediate family who were retarded.

Seventy-four advocates provided estimates of their annual income. Six (8%) reported earnings of over $15,000, 26 (35%) reported incomes of $10,000-$15,000, and 42 (57%) stated they earned less than $10,000. The high percentage of students in this sample must be considered when interpreting the income data.

Fifty-two advocates stated that they had experience with mentally retarded persons prior to becoming an advocate. Of the 52, 28 advocates had experience with the retarded as a result of their professions, e.g., teachers and social workers, while 31 advocates had served as volunteers at one time.

To obtain an estimate of its representativeness, we compared our sample with a larger sample reported in the nation-wide survey conducted by NARC, which comprised 53% of the ongoing citizen advocacy programs at that time. That survey reported that the preponderant number of advocates were between 20 and 29 years of age, were female, and were either white collar workers, students, or persons working in their homes. High frequency occupations reported were teacher, social worker, secretary, and sales persons. The present sample compares favorably with the national sample reported by NARC on the dimensions of chronological age, sex distribution, and occupations.

Characteristics of Proteges

Eighty-four mentally retarded persons were proteges in the present investigation. This number is one greater than the number of advocates because one advocate had two proteges. Forty-four (53%) proteges were female. The age distribution of the group was as follows: 43 (53%) proteges were under 21 years, including 8 who were below the age of 8, 31 (38%) were between the ages of 21 and 30 years, 6 (7%) were between 31 and 40 years, and the remaining 2 (1%) were 41 or older. The ages of two proteges were not reported.

The proteges were representative of a range of levels of mental retardation. Thirty-one (41%) proteges were mildly retarded according to records maintained by the citizen advocacy office, 35 (47%) were functioning in the moderate level, and 9 (12%) were severely retarded. Level of retardation was not reported for nine proteges. Place of residence was varied for the sample. Twenty-three (28%) of the proteges resided at home either independently or with their family, 10 (12%) resided in foster homes, 21 (26%) lived in group homes in the community, and 28 (39%) were in an institution. Place of residence was not reported for two proteges.

Again, the present sample may be compared with data reported by NARC. That survey found that the majority of the citizen advocacy programs served both children and adults, involved proteges whose major disability was mental retardation, and directed their efforts toward proteges living in the community at large rather than in institutions. The present sample compares favorably with these characteristics.

Procedures

Participants in three citizen advocacy programs in Florida were mailed a questionnaire--appended to this report--by their local advocacy office during the Fall of 1976. Only advocates who were actually matched with proteges at the time of the mailing were sent questionnaires. One hundred seventy citizen advocates were identified through the assistance of the three citizen advocacy offices. Of this number 83 (49%) returned completed questionnaires and constituted the subjects of this investigation.

Items on the questionnaire were designed to tap a variety of current areas of concern to the citizen advocacy movement. Included among these areas were the reasons that people gave for becoming advocates, the nature of the interaction between advocates and proteges, the advocates' perceptions

of their protege, the apparent effects of the program on the advocates and proteges, and finally, the advocates' views regarding the most effective way to encourage other people to become advocates.

In addition to data obtained from the questionnaire, in-depth home interviews were conducted with 19 advocates by one interviewer in order to obtain more detailed information regarding selected areas of information tapped by the questionnaire.

Results and Discussion

For ease of data reporting, questionnaire items were grouped into logical clusters. Data obtained from each cluster of questions will be presented either in percentages or simple tallies.

Reasons for Becoming an Advocate

An important goal of citizen advocacy programs is to identify the reasons why people volunteer to become advocates. As the citizen advocacy movement continues to expand, professional workers in the field of mental retardation will face an increasing need to recruit appropriate volunteers who can provide retarded persons with a variety of experiences they otherwise would find difficult to obtain. If peoples' motives for becoming advocates can be identified, public awareness campaigns can be developed and tailored to accommodate the needs and desires of potential advocates. Further, given that it is important for matches between advocates and proteges to persist at least long enough for the effects of the relationship to emerge, such knowledge could allow advocacy programs to function in ways in which advocates will receive sufficient gratification to keep them involved in the program. Toward these ends we attempted to identify the most frequently stated reasons why people volunteer to become advocates.

In the present sample, the reason most often stated for becoming an advocate was a general desire to help mentally retarded people, or to help a specific mentally retarded person whom the advocate knew (N = 31). Examples of this altruistic behavior are the 25-year-old teacher who "was interested in helping the retarded in a nonacademic manner," or the 24-year-old foreman who indicated that he decided to become an advocate because "I cared about this person." Other frequent reasons stated by the advocates included a desire to fill spare time in a meaningful way (N = 12), to meet unfulfilled personal needs (N = 10), and a general desire to support the goals of the citizen advocacy program (N = 10). Twelve of the advocates indicated that they had become involved in the program as a result of exposure to the nature and goals of citizen advocacy in their college courses. The present data compare favorably with the data reported by Jennings (undated) in his evaluation of reasons why people become involved as advocates in the Austin, Texas Citizen Advocacy program. His respondents cited a variety of personal reasons and many expressed their belief for a general need for advocacy.

The reasons expressed by the advocates in the present sample for becoming advocates fall into two general categories. One set of responses expressed a nonspecific, unstructured desire to help retarded people (i.e., other oriented). In contrast, a second group of responses suggested that advocates volunteered primarily for their own self-fullfillment (i.e., self-oriented). While some advocates gave responses that fell into both categories, the majority of advocates' responses fell into one category or the other.

It would be desirable to know whether other-oriented advocates differ in systematic ways from self-oriented advocates in the manner that they

approach their responsibilities as advocates. Unfortunately, our data do not allow us to answer this important question. It does appear reasonable to expect, however, that the continued long-term success of citizen advocacy programs could very well be contingent upon the extent to which they structure their programs to meet the needs of the advocate, and not only of the protege. In other words, citizen advocacy programs can be viewed as having two groups of clients: proteges and advocates. In the case of other-oriented advocates, attention can focus primarily on the needs of the protege. However, in the case of self-oriented advocates, equal attention may have to be directed to their needs as well as to those of the protege.

A third group of advocates represent a special case by virtue of the fact that they volunteered as a result of exposure to the citizen advocacy program during college classes. For these advocates, we could not clearly determine whether they were primarily self- or other-oriented. Their motivation in some cases may have been related to a desire to obtain a good grade in their course.

To the extent that the data from the present investigation are generalizeable, it is possible that large numbers of advocates could be recruited on college campuses through the simple device of a lecture and/or discussion. Our data do not permit us to make statements regarding characteristics of the recruiter that would be optimal for such an endeavor. Further, we were unable to assess whether the relatively youthful advocates recruited from the campus are as effective as are older, more mature individuals.

Advocates' Perceptions of Their Proteges

How do the advocates view their proteges? We attempted to explore some areas of advocates' perceptions of proteges, especially their perceptions of the proteges' functioning as members of society.

Previous reports of the daily lives of mentally retarded persons presented a picture of the retarded person in the community as consumed by his stigma (Edgerton, 1967) and totally dependent upon the beneficence of another person to survive the daily rigors of life. In a follow-up study, however, Edgerton and Bercovici (1975) indicated that approximately 10 years after retarded persons are released from institutions they do not feel as overwhelmed by their self-perceived stigma as they did when they were first released from the institution. How important then is the notion of stigma and community attitudes toward retarded people to the success of citizen advocacy programs? Do perceived stigma and negative attitudes pose such serious threats to the daily lives of proteges that advocates should be trained in methods of dealing with this problem? Or, has the notion of stigma and community rejection been overemphasized?

Sixty-eight advocates responded to the question of whether they believed that their protege felt stigmatized by his/her condition of mental retardation. Only 19% answered affirmatively. The relatively low percentage of advocates who viewed their proteges as being stigmatized by their retardation is supported by advocates' perceptions of community attitudes. Only 26% of respondents believed that their protege was the victim of negative community attitudes.

As a result of their experiences with their protege, 68 advocates (78%) had become more optimistic about their protege's chances for leading an independent or semi-independent life in the community. Excluding proteges under 18 years of age and/or living in an institution, 64% of the advocates regarded their proteges as not at all self-supporting, while 32% saw their proteges as partially self-supporting, and only 4% perceived their proteges as fully self-supporting. Yet, the overwhelming majority of this group of advocates (87%) did not believe that their proteges were too dependent on them in their relationship.

Overall, these data do not portray so unfavorable a picture of retarded persons' daily lives in the community, at least with regard to society's view of them as reported by the advocates. The comment of one advocate reflects the feelings of many others:

> "I originally thought that it (community attitude) would be very negative. I thought that people would react quite suspiciously and quite negative towards muself and (protege). But I felt quite the contrary...I was really taken by the way the community, or those that I have encountered in the community, have accepted or have at least worked around with him."

Another advocate indicated that "They liked her. No problems. All my friends accepted her, which is great."

However, not all of the advocates reported that positive community attitudes were expressed, particularly by older people or by children. One advocate, in talking about the older generation, said that "...They think differently of retardation...They still have the thought that people belong in an institution."

The comments of another advocate indicated the severity of negative reactions that on occasion can be experienced:

> "Every time we went our, there were people staring and pointing and really hurting her feelings and I would like to come back with something like...I want to protect her because she does have rights..."

In sum, however, the general pattern of data with regard to society's reactions to the mentally retarded person in the community are not unfavorable. However, instances of negative reaction do arise--usually in the form of staring, pointing or taunts--sufficiently often so that advocates should

be made aware of these during their training program and perhaps be offered some techniques for responding effectively. Overall, perhaps the statement of one advocate who said that "people were fair" best sums up the community's reaction to the proteges.

In addition to questioning advocates on community attitudes, stigma, and dependency, the advocates were asked their feelings regarding marriage and children for their proteges. Advocates whose proteges were under age 18 were excluded from this analysis. The remaining advocates were fairly evenly divided on the matter of marriage. Fifty-two percent responded positively with regard to their protege marrying a normal person. Interestingly, only 42% responded positively when the potential marriage partner was another retarded person. To a large degree, however, it appears that the issue in the advocate's mind is more one of whether a protege should marry rather than whom he should marry.

The attitudes of these advocates were fairly similar regarding the matter of whether the proteges should have children as a product of their marriage. Here, 43% responded that they should, 47% responded negatively, and 10% were undecided. Apparently, where an advocate viewed marriage as a viable possibility for his protege, there was no concern that the additional responsibilities incurred by caring for children might be too much of a burden on the protege. This conclusion is speculative, however, since our data did not address this issue directly.

The fact that advocates were fairly evenly divided on the issues of marriage and children suggests that there was no overriding single stereotypical notion of the retarded that operated in the minds of the advocates. Rather, proteges were evaluated in terms of their own unique set of characteristics that might render them suitable as a marriage partner or parent.

The diversity of advocates' perceptions of proteges is also mirrored in their responses to a question asking them to list their proteges' major strengths and weaknesses. Forty-nine different strengths and 49 different weaknesses were identified, showing again that no single stereotypical notion was operating. Among the most often cited strengths were the desire to learn, determination, warmth, consideration, friendliness and outgoing personality. On the negative side, characteristics most frequently cited were lack of self-confidence, unrealistic expectations, poor speech and communication skills, and low frustration tolerance.

The final question that advocates were asked concerning their perceptions of their protege was whether their proteges were receiving the services they required. Half of the 68 advocates who responded to this question indicated that they felt they were not. Those services seen as most frequently lacking were: psychiatric and counseling, vocational training, educational, dental, and speech correction. The present findings were very similar to those of Jennings (undated). His sample of advocates most frequently reported attempting to procure needed medical, dental, and speech therapy services for their proteges.

To summarize advocates' perceptions of the proteges, most advocates felt that community attitudes were not negative and that the issue of stigma was not problematic for their proteges. Further, there was no evidence of stereotypic thinking toward proteges; proteges were seen as unique individuals with their own configuration of strengths and weaknesses. Feelings were mixed concerning whether proteges should marry and have children. Finally, the need for additional services in many cases was reported.

Nature of Interaction Between Advocates and Their Proteges

The crux of the citizen advocacy movement obviously concerns the nature of interaction between advocates and proteges. The activities that are engaged in will, in large part, dictate whether the protege will have a successful experience. But what exactly do the advocates do when they are with their proteges? How frequently do they get together?

Since the citizen advocacy office in Dade County, Florida (one of the three citizen advocacy sites participating in this investigation) suggested to the advocates that they get together with their proteges once a week (Dade County ARC, undated), we wanted to corroborate whether, in fact, the advocates did meet with their proteges at least this often. Our data indicate that half of the advocates (52%) met with their proteges at least once a week. Eighty percent of the advocates indicated that they phoned their proteges at least once a week, and 87% indicated that the proteges were told they could call them when they had a particular problem. Of those advocates who saw their proteges less than once a week, 14% stated that they saw their proteges once a month or less. These data suggest that some monitoring of advocates by the citizen advocacy office may be necessary to ensure that the advocate-protege match is sufficiently active.

What do advocates and their proteges discuss when they get together or talk on the phone? Excluding proteges below age 14 from the analysis, we found that certain subjects were very frequently discussed; leisure time activities were discussed by 93% of the advocates while 79% discussed financial matters. On the other hand, only 47% of the advocates discussed the proteges' family problems and only 39% discussed matters of sex. In the latter instance, it is interesting to note that proteges initiated the discussion 60% of the time. Discussion of vocational matters occupied a middle position, 56% of the advocates discussing this with their proteges. These data suggest that advocates tend to shy away from discussions of personal

and/or sensitive matters, focusing instead on more general social aspects of their proteges' lives.

What do the advocates report doing when they are with their proteges? To gain a perspective on this question, we first asked advocates to indicate what they usually did when they were with their protege. Responses to this question were coded as reflecting instructional activities (e.g., tutoring in school subjects), social activities (e.g., visiting the advocate's home), or recreational activities (e.g., going for a ride). The most common form of activity by far was social, with 83% of the advocates reporting that they engaged in social activities with their protege. Forty-nine percent of the advocates engaged in recreational activities, while only 10% reported that they provided instructional activities.[1] Analysis of these data indicates that the majority of advocates performed expressive functions (i.e., friendship and emotional support) as opposed to instrumental functions (i.e., practical assistance in coping with problems). As such, these data are consonant with the findings reported by NARC (undated), which indicated that the majority of advocates (54%) performed expressive functions exclusively and that only a small minority (8%) performed instrumental functions exclusively. Further evidence of the expressive role played by advocates was furnished by Jennings (undated) who reported that proteges stated their most frequent interactions with their advocates to be eating out, traveling, going for rides, and so forth, all of which are expressive functions. Similarly, Jennings' advocates reported that proteges preferred expressive interactions such as sports and shopping.

It is important to compare the activities that the advocates state they engage in and the activities that the citizen advocacy office recommends (McGlamery & Malavenda, 1977). McGlamery and Malavenda suggested that citizen

advocates should: (a) provide friendship, guidance and emotional support; (b) monitor programs and services; (c) provide opportunities for socialization and community exposure; and (d) secure legal assistance when necessary. These guidelines suggest that advocates should fulfill both instrumental and expressive functions, while our data suggest that advocates usually fulfill only the latter. That is, we found that advocates must closely personified what Wolfensberger (1973) referred to as the advocate-friend role, whereas the citizen advocate office suggested that their advocates fulfill the instrumental-expressive guide-advocate role.

To the extent that an important goal of the citizen advocacy movement is to encourage advocates to engage in both expressive and instrumental roles with the proteges, our data, coupled with the national data reported by NARC and that of Jennings, suggest that additional training will have to be provided in the area of instrumental functioning. On the assumption that it is naturally easier for advocates to perform expressive roles than instrumental roles, citizen advocacy offices may have to provide more supportive services than they are presently providing if the instrumental roles are to be performed adequately. Another possibility is that the role of the citizen advocate should be redefined as including only expressive functions, leaving instrumental functions to professionals who are trained to offer practical assistance to handicapped people. This latter redefinition, however, runs counter to the prevailing philosophy of citizen advocacy which minimizes professional involvement in the belief that professionals are invariably placed in a position of conflicting loyalties between the agency they serve and their protege. Hence, to be consistent with the philosophy of citizen advocacy as espoused by Wolfensberger (1973), it is incumbent upon citizen advocacy offices to place additional stress on training instrumental role development among advocates. Formal training procedures may have to be devised by citizen advocacy programs, or they may need to look to training institutions for this function (e.g., college special education

While the advocates reported that they primarily engaged in social functions with their proteges, we wished to determine the specific kinds of activities in which they participated. An analysis of interview data with 19 advocates revealed a considerable degree of consistency in the activities that advocates engaged in with their proteges. Most advocates took their proteges to the beach, bowling, shopping, to restaurants, and to the park for an afternoon, etc. The flavor of these activities is well represented by one advocate who reported:

> "Well, we do a lot of recreational activities, such as going out to the beach, to Cape Florida to go swimming. We've been on a few cookouts. We go to wrestling matches. We've been to football games. We've been to miniature golf. He's come over to my house for a Christmas party. We've done some shopping together; he had to pick up a watch for himself and a couple of albums. He's gone down and bought lunch out of a public supermarket for us. So we kind of just do regular things that two people when they get together would do."

It will be recalled that we previously indicated that one-half of the advocates felt that the proteges were not receiving all of the professional services that they required. Now we wished to determine whether the advocates were actively recruiting these services on behalf of the proteges. Sixty-five percent of the total sample of advocates reported that they had actively solicited professional services for the proteges. Closer inspection of these responses, however, revealed that advocates' contacts with professionals were primarily to obtain information about the proteges rather than to secure additional services for the protege. The information requested by the advocates was generally intended to enable them to improve their relationships with the proteges by affording

more detailed understanding of the background and preferences of the proteges.

To summarize advocates' interactions with their proteges, we found that discussions between advocates and proteges concentrated mainly on general social concerns and tended to avoid personal, sensitive areas such as sex and family matters. In their activities with the proteges, advocates functioned mainly in the social and recreational domains as advocate friends. Finally, even in their contacts with professionals concerning the proteges, advocates tended to seek general information about their proteges rather than to attempt to modify the nature of the services that were being offered.

Effects of Advocacy Experience on the Advocates

Although the primary intent of citizen advocacy programs is to assist the handicapped person in his daily encounters in the community, an important secondary concern is to provide advocates with learning experiences about handicapped people. To illustrate, McGlamery and Malavenda (1977) stated that,

> "Citizen advocacy provides an opportunity for citizen advocates, their friends, families, neighbors, and co-workers to learn about people with developmental disabilities; to learn that people with developmental disabilities are unique individuals who cannot be labeled, categorized, or stereotyped."

Accordingly, we asked the advocates to indicate the changes in their attitudes and feelings toward mentally retarded people that occurred as a result of their citizen advocacy experiences. Advocates' responses fell into two categories: 28% indicated no change in their attitudes and feelings, and 72% indicated a positive change as a result of their experiences with the proteges. Examples of these changes include advocates who came to recognize

the handicapped as people with individual needs and wants (N = 8), who developed an appreciation on their "human" qualities (N = 6), who acquired greater understanding of their situation (N = 15), who developed greater tolerance of them (N = 7), and who became more at ease in their presence (N = 3). Importantly, not a single advocate stated that his feelings and attitudes changed for the worse. Clearly then, the citizen advocacy program produces positive changes in the expressed attitudes of the advocate and fulfills the goals stated above. The fact that positive changes in attitudes developed does not necessarily signify that advocates did not experience some frustrations. Indeed, many advocates were frustrated by aspects of their experiences. These frustrations often stemmed from the advocates' desire to obtain additional services for their protege in the face of a sea of red tape that constantly seemed to work against the protege, or from the pain of sharing failure experiences in which both the advocate and the protege desired that the latter achieve a particular goal only to find that he lacked the skills to do so.

These frustrations were amplified in our interviews with the advocates, as is evident from one advocate who, in trying to get social security for the protege, complained that,

> "I mean this has been a fight from beginning to end. It took about nine months to get a social security card in his (the proteges) own name. Now that they finally got it in his own name they are sending it to the wrong address. All these bureaus are unbelievable. The red tape involved. Then, of course, the VA reassessed him and wanted to cut off his benefits. I called the doctor and said, 'Look, social security is willing to go along and give him a chance to rehabilitate.

He spent 20 years out of 23 of his life in an institution. He still isn't working and if he gets a job he's going to need supplemental because you can't live today on the money you make, especially just starting out.' So they said they didn't know if he was eligible and they would take it into consideration. So far, he's still getting both of the checks. So we fought for that with him and, of course, they don't know if it's going to last for too long. But at least it is still coming through."

Or from a second advocate who was frustrated because,

"He's not able to grasp or improve himself, whether it be bowling or anything else. I think it's only a natural thing to see him better himself, no matter what he does, and you try to repeat the same thing over again so that he can get a better concept of what you're trying to do. And I guess that's part of the frustration, that he doesn't seem to grasp what I'm trying to teach him."

And a third advocate who felt the frustration of not knowing how to help her protege.

"(Protege) had a speech problem and he also had a problem with his attention span which was extremely short. I didn't know how to handle this, how to cope with this, how to improve the situation. I think that was the most frustrating thing. It's not so much helping him or not helping him, it's not knowing how."

These last observations are again suggesting the relative inability of advocates to provide instrumental assistance to proteges, even when they want to do so.

To summarize the effects of the advocacy experience or the advocate, this experience is perceived to have a salutary effect for a high proportion of the advocates. While approximately one-quarter of the advocates reported no change of attitudes toward handicapped individuals, the remaining three-fourths expressed positive changes, although some also expressed considerable frustration over many aspects of their encounters. These frustrations did not diminish their generally favorable attitudes and feelings, however.

Effects of the Citizen Advocacy Program on the Proteges

The main purpose of the citizen advocacy program is to match developmentally disabled persons with citizen volunteers in order to meet the needs of the handicapped persons and promote better community understanding of the developmentally disabled. In this section we wished to determine how the citizen advocacy program affected the protege, as reported by the advocates.

Sixteen advocates (19%) stated that they could not observe any changes in their proteges that could be attributed to their participation in the citizen advocacy program. One advocate reported that as a result of the interactions, the protege regressed and became more dependent. Aside from this one negative comment, all of the advocates noting changes reported positive changes in the proteges' behavior.

Among the more frequently mentioned changes in protege behaviors were greater confidence (N = 7), improved language skills (N = 13), more outgoing (N = 7), relates better to people (N = 8), more independent (N = 5), and happier (N = 4).

Interviews with the advocates revealed additional details regarding perceived changes in proteges' behavior. As one advocate expressed it, she saw her protege:

> "Develop from when she was very shy and into herself and kind of aggressive, because she didn't have much confidence in herself, to the point where she now is calmer. I think that was a big accomplishment that she gained more respect for other people and she came out of herself socially."

And another advocate, when asked what his greatest satisfaction was, reported:

> "When he talked to me after a month and a half of not talking to me or looking at me. They thought he didn't have any speech at all when they referred him there. It was just locked within his shell and he wouldn't talk to anybody or trust anybody so it took me a while to gain his trust."

These two illustrations highlight the kinds of positive changes in daily behavior that the advocates observed in their proteges as a result of the citizen advocacy program.

Advocates Perceptions of the Citizen Advocacy Program

As previously observed, one of the most critical needs for the survival of the citizen advocacy movement is to ensure an adequate number of appropriate persons who volunteer to become advocates. If we are to continue to recruit advocates we must understand the gratifications that advocates receive in their role. To this end we directly asked advocates what reason they would use as an inducement to potential advocates, based on their own experiences as advocates. The responses were consistently similar, with the

majority of advocates stressing either the "good feeling" that occurs from being an advocate, or the worthiness of helping someone less fortunate. Responses to this question were consistent with those discussed earlier where advocates were asked the reasons why they became advocates. Those reasons were categorized as representing either a self-oriented motivation or an other-oriented motivation, and the present responses can be similarly categorized. The data suggestthat the reasons why people volunteered to be advocates initially were the same ones that they would subsequently offer others who contemplate volunteering. As such, it appears reasonable to conclude that advocates initial expectations were being fulfilled. It must be borne in mind, however, that all questions posed were post hoc and that advocates could have indicated the reasons they would give to others primarily as a means to justify their own initial expectations for themselves.

Taken as a whole, the major inducement for potential advocates is in the affective domain. Efforts to recruit advocates should profitably stress the good feeling that results from being an advocate and helping others who are less fortunate.

SUMMARY AND CONCLUSIONS

This study was concerned with advocates' reactions to the citizen advocacy program. Eighty-three advocates were sent questionnaires to complete and 19 of these advocates were also interviewed. General issues that were addressed included expressed reasons for becoming advocates, advocates' perceptions of the proteges, the nature of the interaction between advocate and protege, the program's effects on the advocate and the protege, and the advocate's perceptions of the program.

Results indicated that advocates volunteered because they wanted to help a handicapped person, or because they wanted to fulfill some void in their own lives. We characterized these two types of responses as other-oriented and self-oriented, respectively. It was further found that advocates did not report many negative community attitudes toward their protege, nor did they perceive that the proteges felt stigmatized by their condition of mental retardation. Further, during their interactions with proteges, advocates discussed mostly general social concerns and tended to avoid discussions involving intimate matters, such as sex and family problems. Advocates tended to function mainly as advocate-friends, interacting with the protege in a predominantly expressive manner. In addition, the advocacy experience had salutary effects on approximately three-fourths of the advocates, with the latter figure representing the proportion of advocates who reported positive changes in attitudes toward the handicapped as a result of their experiences as an advocate. While some advocates' attitudes remained the same, none reported more negative attitudes as a function of their advocacy experience. The overwhelming majority of advocates expressed the opinion that the citizen advocacy programs was beneficial to the proteges, describing positive changes in the daily behavior of their proteges. Finally, it was found that the reasons cited by the advocates for recruiting other advocates were the same as the reasons they gave for becoming advocates themselves. This suggested an overall satisfaction of their experiences as an advocate.

Although this investigation was only a preliminary attempt to gain some insights into the nature of advocates' perceptions of the citizen advocacy program, and did not actually observe the interactions between advocate and protege in order to validate the advocates' verbal responses to our questions, it appears that both the advocates and the proteges benefitted from their experiences.

It should be considered, however, that the present sample of subjects may be somewhat biased in that they represented only one-half of the advocates who were asked to participate in this investigation. The respondents may have been those who generally were supportive of the citizen-advocacy program and experience. We do not know whether similar results would have been obtained had a larger number of advocates participated. Further, there is the additional potential problem of a response set bias operating in this study. Since all respondents completed the questionnaire at their leisure, it is conceivable that they made deliberate attempts to provide internally consistent responses to the questions, rather than provide their "true" feelings.

Finally, our data suggest that the benefits that appear to derive from the citizen advocacy program are the result of the expressive functions that the advocates perform, as opposed to the instrumental functions. One of the clearer findings was that the advocates appeared to feel more comfortable in expressive functions rather than in assisting the proteges in the practical aspects of daily living. If there is any one good way to illustrate this expressive function, it is in the words of one advocate who, when describing his experiences, said:

> "I think the pinnacle is just to see the protege's face. He just smiles so much. When we go out together and just drive in the car, I'll tell him to look at something and he gets so excited. He doesn't speak, but just to see him facially communicate and smile and hug me. That, I think, is really the most exhilarating part of the citizen advocacy program."

This is close to Wolfensbergers' (1973) sentiments when he wrote: "At a certain point, a person needs a friend and not a law, and no law can create, nor any amount of money buy the freely-given dedication of one person to the welfare of another" (p. 10).

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Footnote

[1]Numbers exceed 100% because advocates could respond to more than one category.

Table 1

Occupations of Advocates as determined by the Turner Scale

Occupational category	Number of advocates
1. unskilled laborers and service workers	0
2. semi-skilled laborers	3
3. skilled laborers and foremen	6
4. clerical workers and sales clerks	11
5. small-business owners and managers and retail salesmen	3
6. semiprofessionals	9
7. business agents and managers	1
8. professionals	16
9. large-business owners and officials	0
10. *student-college	31
11. *housewife	3

*Not included in Turner (1964) scale.

APPENDIX A

QUESTIONNAIRE

Name:_____Sex:_____ Age:_____

Number of years of education:_____

Are you a college graduate?:_____Do you have a graduate degree?:_____

Occupation:_____

Annual Income:_____less than $10,000____$10,000-15,000;____$15,000-$20,000
Over $20,000

What is your marital status?____Single;____Married;____Divorced

Do you have children?_____
If yes, how old are they? _____ _____ _____ _____

Do you have a retarded child? _____Yes; _____No; If so, how old is the child?_____

Do you have relatives who are mentally retarded?_____

If yes, what relation is the retarded person?_____

Why did you decide to become an Advocate for a mentally retarded person?_____

_____

_____

_____

Prior to your becoming an Advocate, did you have prior experience with:

a. persons with disabilities other than mental retardation_____
b. mentally retarded persons_____

If yes, what kinds of experience?_____

_____

Does your Protege meet the specifications you requested (eg: age, sex, level of retardation, etc.,)_____

If not, please indicate why:_____

_____

How often do you get together with your Protege? (eg.) Once a week:_____Once a month____

Other:_____

Do you ever call your Protege? _____Yes _____No: If yes, how frequently:_____

Did you inform your Protege that he could call you whenever he had a problem? _____

_____

What do you usually do with your Protege when you are with him/her?_____

_____

_____

_____

Do you ever discuss sexual matters with your Protege?:_____

_____

If yes, at whose initiative is the issue raised?:_____

_____

Do you ever discuss monetary matters with your Protege?:_____

_____

Do you ever discuss leisure time activities?:_____

_____

Do you discuss vocational opportunities for your Protege?_____

_____

Does your Protege ever discuss family problems with you?:_____

_____

Do you feel that your Protege may be too dependent on you?:_____

_____

To your knowledge, has your Protege broken any laws since he/she has been your friend?:_____

_____

To what extent is your Protege self-supporting?:_____

_____

Now that you have been involved with your Protege for a period of time, do you feel more or less optimistic about his/her chances for leading an independent or semi-independent life in the community?: _____

_____

_____

Does your Protege feel stigmatized by his/her condition of retardation?:_____

_____

How is this manifested?:_____

_____

Have you ever helped your Protege get: (a) welfare___(b) credit____(c) phone_____

(d) other_____

Have you had any contact with professionals providing services to your Protege (eg: social workers, teachers, therapists, group living home parents)? If yes, what was the purpose and outcome of those contacts:_____

_____

_____

_____

Do you think your Protege is the victim of negative community attitudes? _____Yes

_____No

If yes, can you give a concrete illustration of how this opinion developed?_____

_____

_____

Do you think your Protege should marry eventually?:_____

_____

If so, do you think your Protege should marry a normal person?:_____

Retarded person?:_____

If yes, do you think your Protege should have children?:_____

_____

Since becoming an Advocate for your Protege, what, if any, changes in his/her behavior have you observed?:_____

_____

_____

What do you think are the major strengths of your Protege?:_____

_____

_____

What do you think are the major weaknesses of your Protege?:_____

Do you feel that your Protege is currently in need of services or programs he/she is not receiving?:

As a result of your experience as a Citizen Advocate what changes can you identify in your attitudes and feelings toward mentally retarded persons?:

If you were to attempt to enlist other persons to be Citizen Advocates, based on your experience, what reason would you offer to them?:

Additional Comments: (include any other statements about yourself and/or your Protege that relate to your experiences as a Citizen Advocate):